

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024188

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3216

STATE FILE NUMBER

FILED JUL 5 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>17 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>		d. STREET ADDRESS <b>Estill Hotel</b> <b>1018 Broadway</b>	
3. NAME OF DECEASED (Type or print) First <b>Harry</b> Middle <b>Mitchell</b> Last <b>Branaman</b>		4. DATE OF DEATH Month <b>June</b> Day <b>3</b> , Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-22-90</b>
9. AGE (last birthday) <b>73</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Restaurants</b>	
11. BIRTHPLACE (City and state or country) <b>Denver, Colorado</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John F. Branaman</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Showman</b>	
14. NAME OF HUSBAND OR WIFE <b>Peggy Cannon Branaman</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of) <b>No</b>	
16. SOCIAL SECURITY NO. <b>09 Records: Jackson County Welfare, K.C.</b>		17. INFORMANT <b>K.C., Mo. General Hospital</b> <b>Mrs. Alice Payne, 817 Jefferson</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary emphysema and fibrosis secondary to</b> <b>Arteriosclerotic Heart Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>5-10-63</b> to <b>6-3-63</b> and last saw him alive on <b>6-3-63</b> Death occurred at <b>9:25 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Frank Ellis</i>		22b. ADDRESS <b>2400 Cherry - K.C., Mo.</b>	
22c. DATE SIGNED <b>6-5-63</b>		22d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>6-8-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mount Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>	
24. FUNERAL DIRECTOR <b>WEILERT FUNERAL HOMES (W) K.C., MO.</b>		25. DATE RECD. BY LOCAL REG. <b>6-7-63</b>	
26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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E. Frank Ellis

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U.S. DEPARTMENT OF AGRICULTURE

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TO THE HONORABLE MEMBERS OF THE HOUSE OF REPRESENTATIVES  
OF THE STATE OF NEW YORK:

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer \_\_\_\_\_

Signed Jack P. Moore

Licensed Embalmer No. 4729

P. O. Address Scrubbe Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.